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Summary record of the 345th meeting
Held at the Palais des Nations, Geneva, Tuesday, 22 August 2017, at 10 a.m.

Chair: Ms. Degener

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The meeting was called to order at 10 a.m.

Consideration of reports submitted by parties to the Convention under article 35 (*continued*)

Initial report of Latvia (*continued*) (CRPD/C/LVA/1; CRPD/C/LVA/Q/1 and Add.1)

1. *At the invitation of the Chair, the delegation of Latvia took places at the Committee table.*

Articles 11-20

2. **Mr. Alliks** (Latvia), replying to questions posed at the previous meeting, said that austerity measures had not been applied to the benefits of persons with disabilities during the economic crisis. No specific formula had been used; there had simply been strong political commitment from the Ministry of Welfare and the Government as a whole to maintaining benefits.

3. **Ms. Medina** (Latvia) said that all new and renovated court buildings were fully adapted to the needs of persons with disabilities and that help with gaining access to older buildings was available. Court proceedings could be followed via an Internet portal by entering a case number or the number of a formal notice. All courts were equipped with videoconferencing systems, which were used when participants in proceedings were unable to attend court in person.

4. Persons with disabilities involved in administrative court proceedings were entitled to sign language interpretation under the Administrative Procedure Law and could choose a representative, appointed orally or in writing, to act on their behalf if they could not fully represent their own interests. If they were charged under the Administrative Violations Code, they were likewise entitled to, under the services of a sign language interpreter and could be accompanied by a lawyer. Persons involved in civil or criminal proceedings who, because of a disability, required interpreting services and access to documentation in particular formats had the right to such accommodations under the legislation governing such proceedings. Persons who, for various reasons, could not afford to pay for legal assistance were entitled to free assistance. In civil cases the court could, in certain circumstances, release a person from the obligation to cover court costs, including interpretation costs. Her Government was not aware of cases in which legal assistance had been denied for reasons related to a person's mental health or physical disability. The Legal Aid Administration assessed each case individually and ensured that all necessary practical assistance, including communication in sign language or in writing, was provided. It regularly organized workshops on legal assistance for staff of municipal social services and orphans' courts, who in turn provided information to persons with disabilities about available assistance.

5. Under the Criminal Law a person was not subject to criminal liability if it was considered that, while committing an offence, the person had not been able to understand or control his or her actions owing to a physical or mental impairment. In such cases, the courts did not apply criminal sanctions but rather compulsory medical measures, such as treatment in a specialized medical or psychiatric establishment. If a person was deemed to have been only partly able to understand or control his or her actions while committing an offence, the court could decrease punishment or replace it with compulsory medical measures. The right to participate in court proceedings was a basic principle in criminal cases and only in exceptional cases could a court decide that, for health reasons, a defendant could not participate. A representative was appointed for persons not deemed fit to participate in proceedings. In all such cases, representation by a State-appointed lawyer was mandatory.

6. The Criminal Procedure Law assigned the status of vulnerable victim to persons who were unable to exercise their procedural rights due to a mental or other health problem; they could participate in proceedings together with a person of trust. Victims who were under guardianship owing to a disability were represented by the guardian or a close relative, a responsible State institution or an appropriate non-governmental organization (NGO).

7. There were no formal obstacles to the employment of persons with disabilities in legal professions provided they had the required qualifications; there were persons with disabilities working as judges and lawyers. The Ministry of Justice was developing a training module for judges on human rights, including the rights of persons with disabilities.

8. **Ms. Stara** (Latvia) said that a pilot project on supported decision-making launched in July 2017 would be implemented by the ZELDA Resource Centre for People with Mental Disabilities and overseen by the Ministry of Welfare. The project would last until November 2020, and 330 persons with mental or intellectual impairments living in the community would have access to the services of a support person for 24 months. Support with decision-making would be provided, including on legal and financial issues, everyday life skills and health and social care issues. As at July 2017 there had been 2,911 persons with restricted legal capacity, amounting to 0.14 per cent of the total population and 12 per cent of all persons with mental impairments.

9. The primary function of orphans' courts was to protect the rights and legal interests of children and adults under guardianship. Under the Civil Law, an orphans' court could dismiss a guardian at any time, and guardians had an obligation to report annually to the court that had appointed them. If a disagreement arose between a person under guardianship and his or her guardian, the case would first be brought before an orphans' court and then, if agreement could not be reached, referred to an ordinary court. Persons whose capacity had been restricted could approach the courts at any time with any issues regarding the guardianship arrangement. Temporary guardianship and restriction of legal capacity were distinct legal mechanisms. Temporary guardians, typically appointed for persons in a coma, could only take care of certain very important matters and ensure that the person's basic care needs were met.

10. **Mr. Bekmanis** (Latvia) said that NGOs had drawn attention to the fact that most emergency alert systems used sound signals and therefore did not ensure the safety of persons with hearing impairments. Under fire safety regulations in force since 2016, in buildings with permanent residents who had hearing impairments, fire alarms had to be equipped with light signals and signs providing visual information on the location of the fire. Construction standards for new and renovated public and apartment buildings included physical and technical requirements for accessible evacuation routes and exits, emergency lighting and signs for persons with disabilities. The State Fire and Rescue Service had text message service for the 112 emergency number for persons with hearing impairments. Messages could be recognized as being from such persons with the help of a database developed in cooperation with the Latvian Association of the Deaf. A special mobile application, which could be downloaded free of charge, allowed users to report emergencies and their exact location. As the existing early warning system used dissemination channels that were not suitable for persons with hearing impairments, in 2018 the Ministry of the Interior would propose an alternative system, such as a cell broadcast system — mobile technology that allowed messages to be broadcast to all mobile handsets and similar devices within a designated geographic area.

11. The Latvian presidency of the Council of the European Union had seen the adoption of conclusions on disability-inclusive disaster management. Those conclusions had thereafter been presented at the third United Nations World Conference on Disaster Risk Reduction in March 2015. In 2015 and 2016, the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations had solicited proposals for prevention and preparedness projects in areas such as psychosocial support for disaster victims and the needs of persons with disabilities in emergency management. Practical steps in those areas had also been taken at the national level. In 2016, the State Fire and Rescue Service, in cooperation with organizations of persons with disabilities, had held multiple evacuation drills in public buildings. The drills had included training in evacuating persons with disabilities. Further drills were planned in 2017. A national civil protection exercise conducted in 2016 had involved disaster management exercises to test national capabilities and decision-making procedures. In June and July 2017, the State Fire and Rescue Service had held an awareness-raising seminar for the staff of social care institutions on evacuation requirements, fire safety, and civil protection and disaster management issues. A proposal for a joint project involving the national disaster

management authority, Baltic Sea regional partners and organizations of persons with disabilities from the partner countries was awaiting approval.

12. **Mr. Švika** (Latvia) said that the central and regional headquarters of the State Police provided access for wheelchair users, as did newly built and renovated police stations. On the basis of a cooperation agreement between the State Police and the ZELDA Resource Centre for People with Mental Disabilities, a comprehensive training programme on communicating with persons with disabilities had been developed and 80 police officers trained to date. In communicating with persons with long-term physical, mental, intellectual or sensory disorders, officers used a range of tools and formats. The State Police had in 2016 concluded a contract with a provider of sign language interpretation services. In 2015, in cooperation with the Latvian Library for the Blind, the State Police had produced six brochures in Braille on various security-related topics, such as violence, Internet security and addictive substances, which had been disseminated to target groups through organizations of persons with disabilities.

13. **Mr. Mikitis** (Latvia) said that, under relevant legislation, psychiatric treatment required the patient's consent. Only in exceptional cases could patients be hospitalized against their will if they presented a threat to themselves or others. In such cases, the patient must be given an explanation and had the right to receive information on his or her legal rights. Psychiatrists took account of whether a patient was willing to receive treatment and acted in accordance with medical treatment standards prescribed by law. The Health Inspectorate was responsible for monitoring compliance with health care legislation. Restraint could be used only if certain strict criteria were met: the patient must have been hospitalized without consent, compulsory psychiatric treatment must have been ordered, and there must be either a direct threat of injury to the patient or other people or violence on the part of the patient that verbal persuasion had failed to contain. The use of restraint must be proportionate to the direct threat posed and must be discontinued as soon as the threat ceased to exist. The reasons for the use of restraint must be explained to the patient and every instance of restraint be recorded in detail. Restraint by physical or chemical means was permitted.

14. **Mr. Ivanovs** (Latvia) said that the deinstitutionalization process under way in the State party was built around a project financed by the European Regional Development Fund. The project adhered to the State party's social services development guidelines for the period 2014-2020 and aimed to provide individualized community-based social services with a view to facilitating self-care and independent living, providing appropriate psychosocial support, increasing opportunities for family members to rejoin the labour market, and ensuring decent living conditions and high-quality services. There were plans to develop appropriate social care infrastructure and services in individual municipalities so that State facilities could be closed or reorganized. All community-based services would be provided in accordance with European Union standards for moving from institutional to community-based care. The new model would include group homes for those needing such accommodation; such homes would differ from existing institutions in a number of ways, having no permanent staff and being integrated into the community. As part of its holistic approach, the State party was enhancing its network of foster families, including professional ones, and making provision for social mentor services for adults with functional and mental impairments.

15. The deinstitutionalization process focused on the most vulnerable groups in society: adults with mental disabilities, both intellectual and psychosocial, living in public social care institutions, many of whom had additional disabilities such as visual or hearing impairments; children living in institutions; and children with functional impairments living in families. The State provided long-term social care and social rehabilitation services for children without parental care, children with severe mental impairments and adults with various degrees of mental impairment. Participation in the deinstitutionalization process was voluntary and open to those with different degrees and types of disability. Among the main activities planned were partnerships with municipalities to create the necessary new infrastructure, which many places lacked, including housing and day-care centres. More than 100 partnership agreements had been signed so far. They included the obligation to develop community infrastructure and provide community-based services. Individual needs

assessments would be carried out and support plans drawn up. Regional deinstitutionalization plans would also be formulated, covering the reorganization of old-style care homes and training of staff to support clients during the transition.

16. Funding for the provision of community-based services would be disbursed to municipalities as of early 2018. Consideration was already being given to financing after the planned end of the project in 2022. Those who had moved from State institutions to community-based care would continue to receive State support under co-funding arrangements with municipalities. Legislation had been amended accordingly. Funding levels would be calculated on the basis of costs per person, taking into account the average costs of community-based services in each municipality, and would include an additional amount to cover future costs. There would be no further investment in long-term care infrastructure. The primary objective was to avoid new cases of institutionalization, especially among children. Demand for institutional care services for children had decreased significantly in recent years. It was anticipated that the trend would continue: fewer children would be placed in care and for shorter periods, such as when foster families or guardians were being sought. Legislative amendments had already restricted the amount of time that children under the age of 2 without parental care could spend in State residential facilities. Alternative arrangements must be made within six months; in practice, the period was usually much shorter, varying from one to three months. Efforts to expand the foster care network had had a positive impact.

17. In consultation with organizations of persons with disabilities, steps had been taken to improve the provision of assistive aids, including by streamlining needs assessments, avoiding unclear referrals from family doctors and reducing waiting times by moving to a free-market consumption model, whereby persons with disabilities could receive vouchers and deal directly with suppliers, rather than having to wait for lengthy public procurement procedures to be completed. The latter reform had been made in response to a steady stream of complaints. Complaints received were discussed with organizations of persons with disabilities and sometimes the Ombudsman.

18. Medical treatment for clients of community-based social care centres, such as the prescription of drugs to treat psychiatric conditions, must be provided by qualified health-care professionals. Their actions were monitored by the Health Inspectorate. Any complaints received were investigated.

19. **Ms. Celmiņa** (Latvia) said that a new assistance service had been introduced in 2013 in the wake of a crisis in the provision of support to persons with disabilities. The service was run by municipalities but financed centrally. Persons with severe and very severe disabilities were eligible to use the service, which was provided on the basis of individual needs assessments and was also available to children, both through schools and municipalities. A maximum of 40 hours' assistance was given per week to help people perform everyday activities, take part in cultural and other public events and attend educational establishments, day-care centres or treatment appointments. The number of users had more than tripled since the service's introduction, to over 10,000 by 2016; children represented around 10 per cent of the total. The budget for the service had already increased from €4 million to €10 million. A working group, including representatives of organizations of persons with disabilities, had been established to streamline the administration of the service, ensuring transparency and effective use of resources. State- and municipal-level financial support, as a lump sum or to cover loan payments, was available for adapting dwellings for the use of persons with severe visual or hearing impairments or any kind of very severe disability.

20. Persons with disabilities and children who were victims of unlawful and violent actions were entitled to State-funded social rehabilitation services. Since 2013, violence committed against a close relative of a child in the presence of the child had been legally defined as emotional violence towards the child. Among children who had received recovery services, 15 per cent had suffered physical violence, 10 per cent sexual abuse, 46 per cent emotional abuse and 29 per cent parental neglect. The annual cost of recovery services had reached around €2 million in 2016. In 2015, recovery services for adult victims of violence had been introduced in the form of individual consultations or residence in one of the country's 20 crisis centres. Domestic violence was a priority in policy

planning, as it accounted for 80 per cent of cases of violence against children and 40 per cent of cases of violence against women. The Government funded preventive measures, including through the activities of the State Inspectorate for the Protection of Children's Rights, which ran a hotline, and through awareness-raising campaigns that benefited from European Union funding.

21. Information on persons with disabilities was held by the State Medical Commission for the Assessment of Health Condition and Working Ability in a comprehensive database and was disaggregated by numerous factors. The Ministry of Welfare had developed an additional data system to help analyse the impact of welfare policy measures. Connections between data systems were yielding improved statistics on the situation of certain target groups. It was important to note, however, that data were published only in aggregate form to ensure that personal data and the rights of individuals were protected. Information on benefits received was anonymized in the system. Data were accessible to staff of the various institutions involved on a need-to-know basis only.

Articles 21-33

22. **Mr. Lovászy** said that he would like clarification as to why the State party was investing so heavily in special education; whether a road map for dismantling the special education system had been adopted; whether schools were under a legal obligation to implement inclusive education; and whether teachers had received any guidance in that regard. He would also like to know whether organizations of persons with disabilities and parents of children with disabilities had been consulted by the National Centre for Education during the drafting of guidelines for the implementation of inclusive education.

23. It would be useful to know whether the national accessibility strategy would contain binding obligations and whether the State party planned to introduce legislation establishing sanctions and incentives for businesses with a view to improving the accessibility of e-services. Lastly, he would appreciate information on any early identification and rehabilitation services available to parents of children with disabilities.

24. **Mr. Rukhledev** asked whether there were any State programmes or requirements regarding education for deaf persons in the context of inclusive education, and whether the University of Latvia offered teacher training on working with deaf persons. He wondered whether sign language interpreting was available for deaf students and, if so, who covered the cost of that service.

25. He enquired whether there were any parliament members with disabilities; whether voting procedures, facilities and materials were accessible to persons with disabilities; and whether sign language interpreting or captioning was provided for televised debates. He asked what proportion of sporting facilities were accessible to persons with disabilities and what programmes were in place to enable such persons to develop their creative potential.

26. **Mr. Martin** asked what steps were being taken to improve access to dental care and disability equipment for persons with disabilities at the local level and to enable all persons with disabilities to participate in mainstream sporting activities.

27. **Mr. Alsaif** said that he would welcome information on steps taken to designate a focal point within the Government for matters relating to the implementation of the Convention and to establish an independent monitoring mechanism, with due regard for the Paris Principles.

28. **Mr. Buntan** said that he would like more information on legislation relating to the use of Braille and the provision of sign language interpreting, captioning and audio description services for radio and television broadcasts. He asked what measures were being taken to reform special schools in order to establish an inclusive system at all levels of education; how many persons with disabilities worked in sheltered workshops; and whether steps had been taken to facilitate their transfer to the open labour market. He enquired whether State social protection covered members of ethnic minorities who did not possess Latvian citizenship and whether the Government planned to use the questions developed by the Washington Group on Disability Statistics to enhance its disability determination system.

29. **Mr. Basharu** said that he would appreciate information on the types of television programmes that were accessible to hard-of-hearing persons and their quantity, in hours of broadcasting, as well as any measures taken to provide inclusive education for children with disabilities, especially in rural areas, and to train teachers in all aspects of working with such children. It was unclear what proportion of hard-of-hearing persons, particularly in rural areas, had access to the website of the Central Election Commission and therefore to the sign language resources mentioned in paragraph 355 of the State party's report (CRPD/C/LVA/1). Lastly, he would like information on steps taken to involve persons with disabilities and their representative organizations in discussions on disability issues at the European Union level and to build the capacities of national implementation and monitoring bodies.

30. **Mr. Ishikawa** asked what proportion of public-sector websites were in conformity with Directive (EU) 2016/2102 of the European Parliament and of the Council of 26 October 2016 on the accessibility of the websites and mobile applications of public-sector bodies and whether the Government had introduced legislation on public procurement that established incentives for companies to create accessible products, in accordance with European Union guidance on public procurement.

31. **Mr. Chaker** asked what measures had been taken to ensure that information disseminated via the mass media during elections was accessible to all persons with disabilities, including hard-of-hearing persons, and whether it was true that there were only two sign language interpreters in Latvia.

32. **Mr. Ruskus** said that he would like the delegation to comment on reports that clear procedures had not been established for the registration of individuals and the classification of disabilities in the centralized register on persons with intellectual or psychosocial disabilities; that persons on that register encountered difficulties when seeking access to services and employment; that many practices relating to the register violated the right to privacy of persons with disabilities; and that health professionals often demanded a medical certificate, as opposed to a State-issued disability certificate, as proof of disability.

33. He wondered how the Government planned to improve the accessibility of mainstream health services for all persons with disabilities, and to what extent organizations of persons with disabilities were involved in coordinating and monitoring the implementation of the Convention.

The meeting was suspended at 11.50 a.m. and resumed at 12.05 p.m.

34. **Ms. Reigase** (Latvia), summarizing the information provided in paragraphs 81 to 84 of her country's replies to the list of issues (CRPD/C/LVA/Q/1/Add.1), said that the special education system would be reformed in 2018. There were more than 12,000 children with disabilities enrolled in education, of whom 53 per cent were in mainstream schools. Most inclusive schools were in rural areas.

35. Consultations with various stakeholders, including NGOs and parents of children with disabilities, would be organized during the development of guidelines for the implementation of inclusive education. The principle of inclusive education was defined in the Education Development Guidelines for the period 2014-2020, which provided that all children, including children with disabilities, should have local access to quality education.

36. The State provided funding for 480 hours of sign language interpreting per child per year for all levels of education except preschool; the Ministry of Education was considering ways to increase that amount. Between 2014 and 2016, a total of 1,329 teachers and other educational specialists had received training in inclusive education, at a cost of €150,000. Within the framework of the European Social Fund project on a competency-based approach to educational content, 4,607 teachers and specialists involved in the education of children with disabilities would receive professional development training, at a cost of around €1 million, and 200 mentors in 100 pilot schools would receive training in inclusive practices.

37. Training of teachers to work with deaf persons was provided by the Rezekne Academy of Technologies. The number of trainees in that field varied from year to year. There were only two special schools for hard-of-hearing children, and only 26 such

children in mainstream schools. Sporting activities for persons with disabilities were coordinated by the Latvian Paralympic Committee and Special Olympics Latvia. Since 2010, the Latvian Paralympic Committee had organized an annual sports day, during which persons with disabilities had the opportunity to try out different sports.

38. **Mr. Miķītis** (Latvia) said that the previously mentioned register included not only persons with intellectual or psychosocial disabilities but also persons with a range of medical conditions such as diabetes. The procedures for the establishment and maintenance of the register had been determined by the Cabinet. The register served as a central online database that enabled his country to fulfil its international obligations with regard to the collection of statistical information. Patient information was entered in the register by medical professionals; for persons with psychiatric disorders, the information was entered by a psychiatrist. All changes to the register were monitored and all data in the register were protected by the Personal Data Protection Law.

39. Persons with disabilities who were unable to travel to see a medical professional could receive medical care at home. There was room for improvement when it came to the provision of specialized equipment for persons with disabilities. The Ministry of Health was working to reduce health care waiting times and planned to increase the availability of outpatient services by channelling more funding into specialist consultations and disability prevention.

40. **Ms. Medina** (Latvia) said that the Government was implementing European Union guidelines on public procurement, which had been incorporated into national legislation through the recently adopted law on public procurement. As for political participation, persons with disabilities were entitled to run for election and to serve in the parliament. Between 2010 and 2014, two persons with disabilities had successfully performed their duties as members of the parliament. The current parliament, however, did not have any members with disabilities. Under article 102 of the Constitution, everyone had the right to form and join political parties, to stand for election and to vote in elections. To ensure that persons with disabilities were able to participate in elections at the municipal, national and European levels, accommodations, such as those described in paragraphs 351, 354 and 355 of her country's report, were provided for by law. In 2014, just under 50 per cent of all polling stations across Latvia had been accessible to persons with physical disabilities. Construction standards had since been improved and, during the municipal elections of 2017, 65 per cent of polling stations had been accessible to persons with physical disabilities. It was likely that all polling stations would be accessible to such persons in the near future. Every municipality had public facilities where anyone could use computers and access the Internet free of charge.

41. **Mr. Ivanovs** (Latvia) said that in the past 15 years the scope of social rehabilitation services had increased. Such services currently included group homes, day-care centres and social rehabilitation centres for various categories of the population, including, among others, persons with visual or hearing impairments, victims of human trafficking and drug addicts. State funding for such services increased every year; between 2013 and 2017, funding had increased by approximately 40 per cent. The State funded rehabilitation services for persons with disabilities who were able to work and were seeking further qualifications. The training was provided through vocational courses at secondary schools and other educational establishments. Almost 400 persons with disabilities benefited from vocational training programmes. A project was also being funded to integrate such persons into the labour market. Various services to help with deinstitutionalization were available to families of children with disabilities. Roughly 3,000 families received such support, which included psychiatric consultations for both parents and children and day-care services.

42. **Mr. Kārkliņš** (Latvia) said that the temporary legal status of non-citizens of Latvia had been introduced following the collapse of the Soviet Union. Citizenship was granted to all those who had been citizens at the moment of occupation by the Soviet Union, and to their descendants. Those who had settled in Latvia during the occupation and did not wish to acquire the citizenship of any other country had been granted temporary legal status in an effort to prevent mass statelessness. The status of non-citizen was granted irrespective of ethnicity, gender, social status or any other qualifier. Non-citizens enjoyed the same social and cultural rights as citizens but were not able to vote in elections or engage in any

economic activity related to national security. They were entitled to apply for naturalization at any time. Any concerns that persons with disabilities might suffer discrimination on the basis of their temporary legal status were groundless.

43. **Ms. Pabērza-Draudiņa** (Latvia) said that unified customer service centres and electronic services were accessible to persons with disabilities. Regulations were in place to ensure that the websites of public institutions offered easy-to-read sections for persons with intellectual disabilities. The regulations would be amended in 2018 to bring them into line with Directive 2016/2102 (EU) of the European Parliament and of the Council of 26 October 2016 on the accessibility of the websites and mobile applications of public-sector bodies. A pilot project had been developed to ensure that all public-sector websites complied with the Directive. The project covered 10 State and municipal bodies and would be extended to all public-sector bodies when the pilot stage ended in 2020.

44. **Ms. Celmiņa** (Latvia) said that, according to the State Employment Agency, there had been almost 10,000 registered unemployed persons with disabilities at the end of 2016. The Agency had introduced measures to support the employment of persons with disabilities, such as making workplaces more accessible and hiring sign language interpreters and occupational therapists.

45. With regard to the accessibility of information, international standards for making information easy to read had been translated into Latvian and were publicly available. More films had subtitles and sign language interpretation, and the website of the national radio broadcasting service offered transcripts of the most popular broadcasts. The Latvian Library of the Blind distributed reading materials in Braille and provided audiobooks of all texts in the library.

46. As for international cooperation, Latvia regularly participated in the High Level Group on Disability of the European Commission, as well as the Ad Hoc Committee of Experts on the Rights of Persons with Disabilities of the Council of Europe. The Latvian Umbrella Body for Disability Organizations was a member organization of the European Disability Forum, and the two bodies cooperated closely. In 2018, Latvia, together with a number of other countries, would undergo a peer review relating to the employment of persons with disabilities, which would provide a good opportunity to exchange national experiences.

47. **Mr. Alliks** (Latvia) said that it was the responsibility of the Government to implement measures to help persons with disabilities participate in the labour market and in educational, cultural and social life. The needs of such persons must be balanced with the needs of other social groups, and the Government was tasked with ensuring sustainable policy in order to achieve the full implementation of the Convention. The recommendations of the Committee would be incorporated into an action plan under the guidelines for the implementation of the Convention for the period 2018-2020.

48. **Mr. Jansons** (Ombudsman, Latvia) said that the State party had spoken at length about the legal framework in place to protect the rights of persons with disabilities, but not about the reality of their situation. For example, only a few municipalities complied with the requirement to ensure the accessibility of information on the websites of public bodies. Furthermore, although the State party attempted to separate the duties of municipal bodies from those of national bodies, it was responsible at the international level for the activities of all public bodies. While the delegation had made many references to future plans and programmes, that did not equate to implementation of the Convention at the current time. He hoped that the Committee would take into consideration the issues raised in the alternative report submitted by his Office. That Office was accredited under the Paris Principles, and therefore the State party was obliged to strengthen its capacities. Despite his criticisms, he was aware of the will of the Latvian Government to improve the quality of life of persons with disabilities, and he wished to thank the members of the delegation for their efforts.

49. **Mr. Ruskus** (Country Rapporteur) said that the State party had a good opportunity to become a regional leader in the area of supported decision-making and the restoration of legal capacity for persons with psychosocial disabilities. It should develop a comprehensive national action plan on accessibility, with fixed time frames and monitoring mechanisms;

incorporate issues affecting women and girls with disabilities into anti-discrimination legal provisions and policies; ensure that no child was refused admission to mainstream schools on the basis of disability; allocate additional resources for high-quality inclusive education; and set time frames for the deinstitutionalization of persons with disabilities. The Committee's general comments Nos. 1 to 4, in addition to the new general comment to be adopted at the current session, would assist Latvia in its implementation of the aforementioned recommendations, as would close cooperation with organizations of persons with disabilities.

The meeting rose at 1 p.m.